



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E263810**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	13-02035
LOCAL AGENCY CODING	
TOTAL # OF UNITS	04
OBJECT STRUCK	

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	CITY #
DATE OF COLLISION	08	17	2013	2146	31						S	W	OF	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
STATE ROUTE 92	BLOCK NO. <input checked="" type="checkbox"/>	10300
	MILE POST	

DISTANCE	OF (REFERENCE OR CROSS STREET)
100 00 MILES <input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W	CALLOW ROAD

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
				D: 4253270538

LAST NAME	RALLS	FIRST NAME	CHRISTOPHER	MIDDLE INITIAL	W
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STREET NEW ADDRESS	300 W WALLACE ST
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CITY	GRANITE FALLS	ST	WA	ZIP	982528751
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CDL	RESTRICTIONS B	ENDORSEMENTS	N, T
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DRIVER'S LICENSE #	RALLSCW279KT	STATE	WA	SEX	M	D.O.B. MMDDYYYY	05	30	1973
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE 2	INJURY GLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	B28774W	STATE	WA	VIN#	1GTHK23DX7F110178
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2007	MAKE	GMC	MODEL	C2PU	STYLE	PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PENCO INS CO CA 0821667
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
						D: 3606915356

LAST NAME	BOSANAC	FIRST NAME	LENORA	MIDDLE INITIAL	M
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STREET NEW ADDRESS	101 S BOGART AVE
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CITY	GRANITE FALLS	ST	WA	ZIP	982528793
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CDL	RESTRICTIONS B	ENDORSEMENTS	
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DRIVER'S LICENSE #	BOSANLM616QD	STATE	WA	SEX	F	D.O.B. MMDDYYYY	11	04	1939
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE 2	INJURY CLASS 1	NATURE OF INJURIES
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LICENSE PLATE #	025ZFI	STATE	WA	VIN#	2A8HR44E29R572298
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2009	MAKE	CHRY	MODEL	TOWN	STYLE	VN	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GRANITE FALLS TOWING	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	KEMPER INS CO RC 929770
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
D. CARTER	121	WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E263810**

CASE # **13-02035**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)											
NAME (LAST, FIRST, MIDDLE INITIAL)		SONCHIK SERGEY									
ADDRESS & PHONE # 2333 122ND STREET SW EVERETT WA 98284 4253463325						SEX M	D.O.B. MM/DD/YYYY 08		22	1984	
PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT # 4	SEAT POS. 3	AIRBAG 2	RESTR. 4	EJECT 1	HELMET USE 2	INJURY CLASS 1	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)		ADRIANCE PAUL J									
ADDRESS & PHONE # 3007 16TH AVENUE SOUTH SEATTLE WA 98134 3806314956						SEX M	D.O.B. MM/DD/YYYY 06		07	1979	
PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #						SEX	D.O.B. MM/DD/YYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		

NARRATIVE

Traffic unit #1 was traveling west bound on State Route 92 at approximately the 10300 block, within a posted and active road construction zone. Traffic unit #1 failed to slow and stop for road construction traffic congestion, and collided with the rear of traffic unit #2, which was also west bound on State Route 92 and slowing within the traffic lane. Traffic unit #2 then collided with the rear of traffic unit #3, which was also west bound on State Route 92 and slowing within the traffic lane. Traffic unit #3 then collided with the rear of traffic unit #4, which was also west bound on State Route 92 and slowing within the traffic lane.

-All motor vehicle occupants involved in this incident stated they were wearing seatbelts at the time of this collision, and are uninjured.

-Traffic unit #2 operator requested AAA approved towing firm. Traffic unit #2 was removed from the scene by Granite Falls Towing, and taken to impound facility.

-Traffic unit #3 operator requested AAA approved towing firm. Traffic unit #3 was removed from the scene by Granite Falls Towing, and taken to R/O address.

-Traffic unit #1 and #4 were driven from the scene.

-Digital photographs were taken at the scene and later transferred to media disc before being placed into evidence.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D. CARTER		08-18-13 03:34 AM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLACE SIGNED
APPROVED BY JULIE JAMISON 097		DATE 8/18/2013 4:10:27 AM	
BADGE OR ID # 121	ORI # WA0311900	TIME POLICE DISPATCHED 9:46 PM	TIME POLICE ARRIVED 9:47 PM



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E263810**

CASE # **13-02035**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT # USDOT ICD # VEHICLE TYPE CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY ST ZIP

NAME SOURCE # AVES GWR PLACARD + NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # **3** MOTOR VEHICLE ☒ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4257703512**

LAST NAME **RAJU** FIRST NAME **PRABHU** MIDDLE INITIAL **P**

STREET NEW ADDRESS **12526 NE 101ST ST**

CITY **KIRKLAND** ST **WA** ZIP **980338815**

CDL RESTRICTIONS **B** ENDORSEMENTS

DRIVER'S LICENSE # **RAJU*PP349N4** STATE **WA** SEX **M** D.O.B. **08-24-1966**

ON DUTY ☐ STATUS AIRBAG **2** RESTR **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **ANB8132** STATE **WA** VIN# **1HGCG5644WA204861**

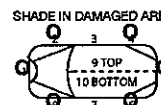
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **1998** MAKE **HOND** MODEL **ACD4D** STYLE **4D** VEHICLE TOWED YES ☒ NO ☐ TOWED BY **GRANITE FALLS TOWING** GOVT VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **COAST NATL INS CO G00 4175550 05**

VEHICLE DAMAGE YES ☐ NO ☐ CITATION # CHARGE



UNIT # **4** MOTOR VEHICLE ☒ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253455580**

LAST NAME **USTEMCHUK** FIRST NAME **GRIGORIY** MIDDLE INITIAL

STREET NEW ADDRESS **2333 122ND ST SW**

CITY **EVERETT** ST **WA** ZIP **982044798**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **USTEMG*472RG** STATE **WA** SEX **M** D.O.B. **12-07-1953**

ON DUTY ☐ STATUS AIRBAG **2** RESTR **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **B56124X** STATE **WA** VIN# **1FTNE24L76HB39385**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2006** MAKE **FORD** MODEL **E2VAN** STYLE **CG** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **GEICO INS CO 4272-34-80-48**

VEHICLE DAMAGE YES ☐ NO ☐ CITATION # CHARGE



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.065)

D. CARTER

INVESTIGATING OFFICER'S SIGNATURE UNIT OR DIST DET

08-18-13 03:34 AM

DATED:

PLACE SIGNED

BADGE OR ID # **121**

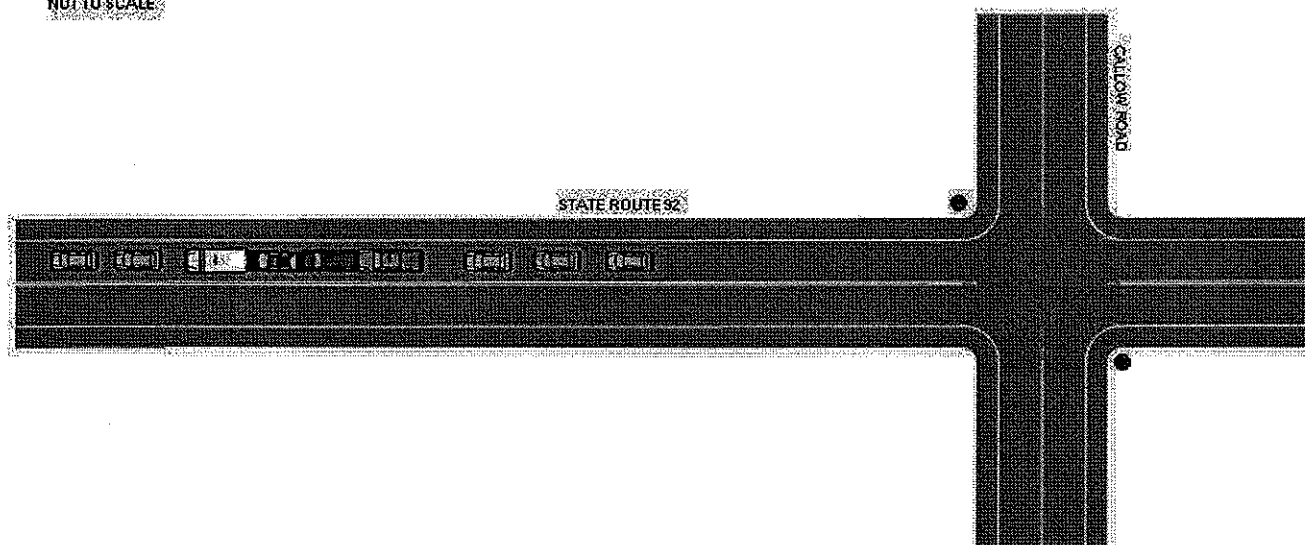
ORI # **WA0311900**

APPROVED BY **JAMISON**

DATE **8/18/2013**

PAGE **3**

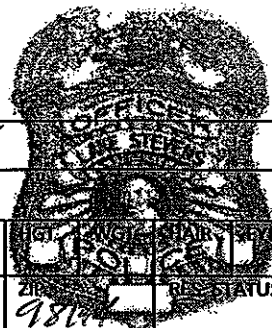
OF **4**



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02855



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Adrianne, Paul Jacob	RACE	ETH	SEX M	DOB 6/7/1979	AGE 34	HT	WG	HAIR	EYES
STREET ADDRESS 3007 16TH AVE S		CITY Seattle		STATE WA		ZIP 98148		RES STATUS		
HOME PHONE		CELL PHONE 360-631-4966		PLACE OF EMPLOYMENT University of Washington						
WORK PHONE 206-685-7931		EMAIL ADDRESS Paul.adrianne@gmail.com								

I, Adrianne, Paul Jacob, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

While slowly moving w on SR92 about 1 or 2 miles from SR9 in a construction area I observed a red van 2 vehicles in front of me stopped. I saw a ~~dark~~ Maroon GMC Pickup directly in front of me start braking and then strike the van. It looked like the van then struck another unknown vehicle in front. I could not tell if the van had their brakes engaged when struck. This occurred about 2140 or so on 8-17-2013 in darkness with clear skies.

1 SPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 8-17-2013	LOCATION SIGNED SR92 #2 @ Callan
OFFICER/NUMBER: D Carter 121	DATE SIGNED 8-17-13	LOCATION SIGNED LSD

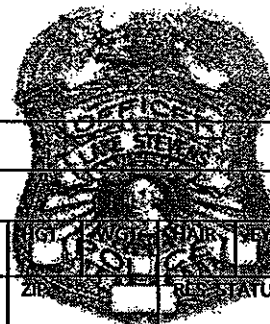
"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02035



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) CHRIS PAIS	RACE W	ETH	SEX M	DOB 05-30-73	AGE 40	HEIGHT 5'10"	WEIGHT 180	HAIR BRN	EYES BRN
STREET ADDRESS PO BOX 667 Granite Falls		CITY Granite Falls		STATE WA		ZIP 98252		RES STATUS		
HOME PHONE 425-827-0535		CELL PHONE SAME		PLACE OF EMPLOYMENT Granite Falls Bowling						
WORK PHONE 360-691-7666		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I WAS DRIVING WEST ON HWY 92 IN THE CONSTRUCTION ZONE WHEN WE CAME TO A STOP THE VAN IN FRONT OF ME CAME TO A SUDDEN STOP WITHOUT BRAKE LITES THEN I HIT THE VAN BEFORE I COULD STOP I WAS NOT GOING OVER 20 MILES AN HOUR THE VAN IN FRONT OF ME HIT THE CAR IN FRONT OF IT BEFORE IT HIT THE BRAKES CAUSING ME TO NOT SEE IT STOPPING

WE STOPPED THEN MOVED ABOUT 100 YARDS AND THE VAN CAME TO A SUDDEN STOP WITHOUT BRAKE LITES I HELL AFTER IT WAS STOPPED

1 SPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE	DATE SIGNED 8-17-2013	LOCATION SIGNED
OFFICER NUMBER: 11111	DATE SIGNED 08-17-13	LOCATION SIGNED 15603

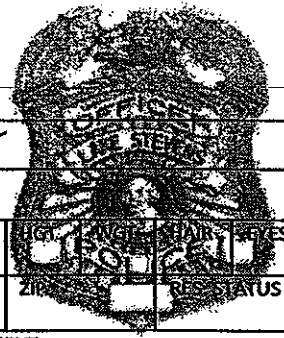
"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02035



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) LENORA BOSANAC	RACE W	ETH	SEX	DOB	AGE	HEIGHT	WEIGHT	HAIR	EYES
STREET ADDRESS 101-S-BOGART AVE		CITY GRANITE FALLS		STATE WA		ZIP		CITY		RES STATUS
HOME PHONE 360-691-5356		CELL PHONE 425-299-3413		PLACE OF EMPLOYMENT SELF EMPLOYED						
WORK PHONE 360-691-5356		EMAIL ADDRESS								

I, LENORA BOSANAC, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

The car behind me was following to close several times as I was slowing down when the car in front of me was slowing down he hit me. He almost hit me once before that.

LSPD ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Lenora Bosanac	DATE SIGNED 8-17-13	LOCATION SIGNED
OFFICER/NUMBER: DCarter 121	DATE SIGNED 8-17-13	LOCATION SIGNED LSPD

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

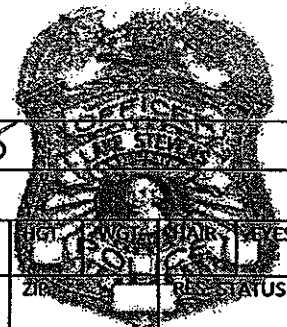
PAGE 1 OF 1

V3

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02085



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) RAJU, PRABHU	RACE	ETH	SEX M	DOB 8/24/66	AGE 46	HEIGHT 5'10"	WEIGHT 170	HAIR BLACK	EYES BROWN
STREET ADDRESS 12526 NE 101st		CITY Kirkland		STATE WA		ZIP 98148				
HOME PHONE 425-770-3512		CELL PHONE (425)770-3512		PLACE OF EMPLOYMENT U.S. FDA						
WORK PHONE 425-770-3512		EMAIL ADDRESS prabhu@comcast.net								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I Prabhu Raju was driving from Lake Stevens back to my home. The traffic was slow, one lane. A car from behind me slammed into me very hard. I was basically stationary. I did not hit the car in front of me by my own action. I was hit from behind. It seems like the GMC two cars behind me hit the car in back of me and then that car hit me.

LSPD
ORIGINAL

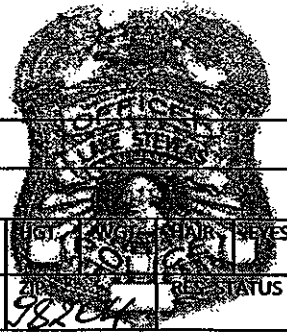
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 8/17/2013	LOCATION SIGNED
OFFICER/NUMBER: Darter 121	DATE SIGNED 08 17 13	LOCATION SIGNED 2500

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02035

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) <u>Grigoriy Ustemenchuk</u>	RACE	ETH	SEX	DOB	AGE	HT	WT	HAIR	EYES
STREET ADDRESS <u>2333 122nd st SW</u>		CITY <u>Everett</u>				STATE <u>WA</u>	ZIP <u>98204</u>			
HOME PHONE <u>425-353-0537</u>		CELL PHONE <u>425-345-5580</u>				PLACE OF EMPLOYMENT				
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

We were driving on the construction road preparing to come full stop to up coming traffic then we got hit from the back car behind. and every one is OK in our car.

LSPD
OFFICIAL & I
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>[Signature]</u>	DATE SIGNED <u>8/17/2013</u>	LOCATION SIGNED <u>near Lake Stevens 92 Hwy</u>
OFFICER/NUMBER: <u>D Carter 121</u>	DATE SIGNED <u>08 17 13</u>	LOCATION SIGNED <u>LSPD</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>D. CARTER 121</i>			Case Number <i>13-02035</i>		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: <i>M/V ACCIDENT</i>			Date/Time: <i>06/17/13</i>		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					

Item # Action #	Item	Brand Name	Storage Location		Disposition
	Brand/Model/Caliber (Further Description)				
	Serial #	Where Found	Weight of Narcotic		
<i>1</i>	<i>media disc</i>				
<i>3</i>					
	Owner's Name Address City State Zip Phone # <i>LSAPD 2211 GRADE RD LAKE STEVENS WA</i>				Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions					

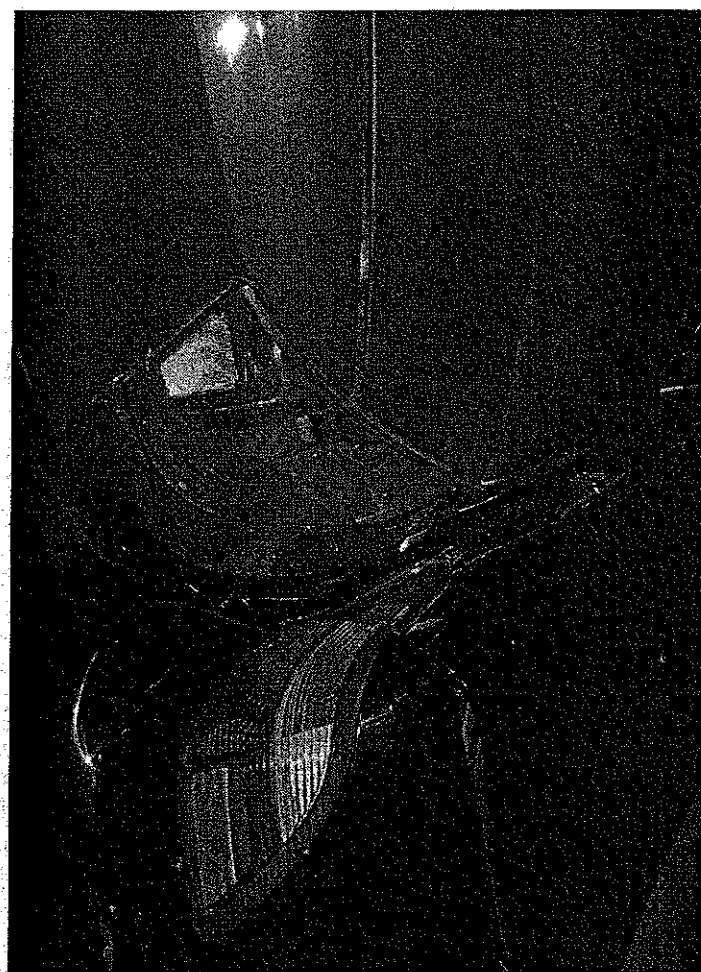
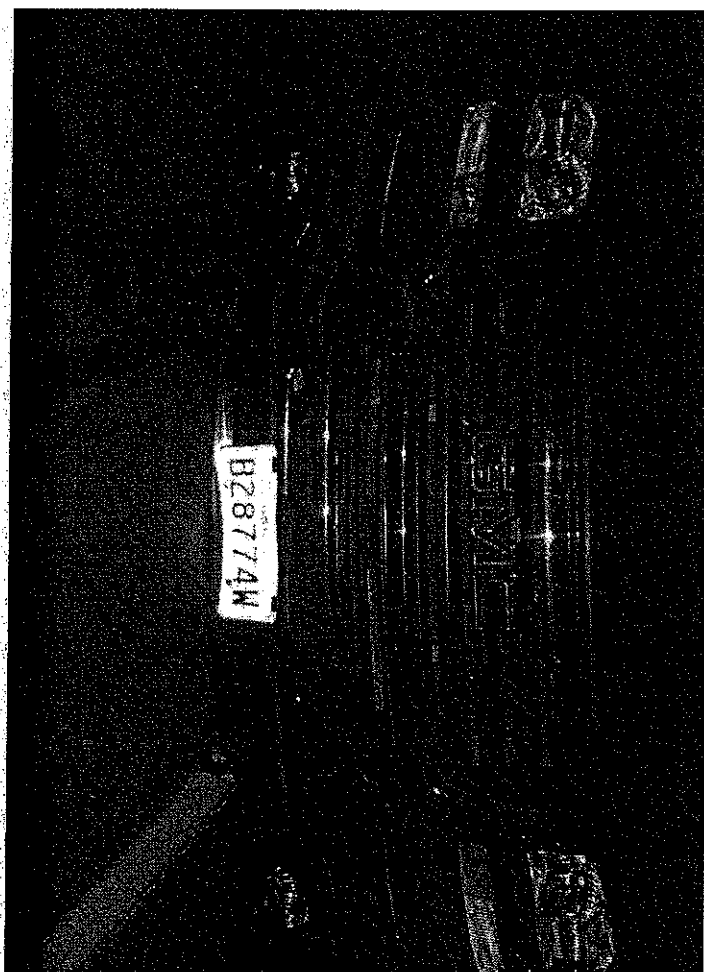
Item # Action #	Item	Brand Name	Storage Location		Disposition
	Brand/Model/Caliber (Further Description)				
	Serial #	Where Found	Weight of Narcotic		
Owner's Name Address City State Zip Phone #					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions					

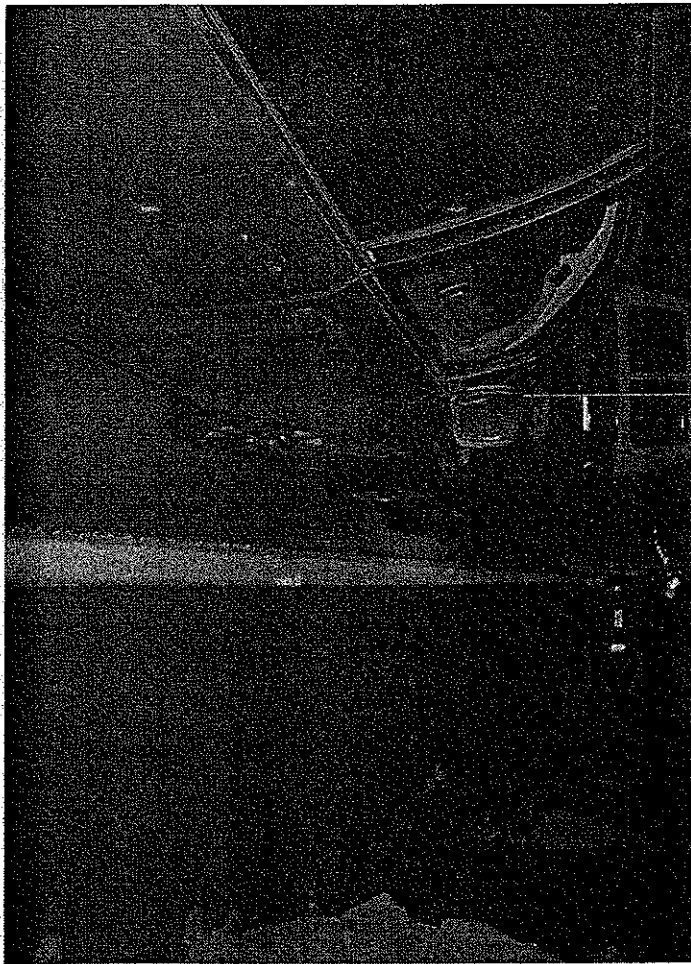
Item # Action #	Item	Brand Name	Storage Location		Disposition
	Brand/Model/Caliber (Further Description)				
	Serial #	Where Found	Weight of Narcotic		
Owner's Name Address City State Zip Phone #					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions					

Item # Action #	Item	Brand Name	Storage Location		Disposition
	Brand/Model/Caliber (Further Description)				
	Serial #	Where Found	Weight of Narcotic		
Owner's Name Address City State Zip Phone #					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions					

Item # Action #	Item	Brand Name	Storage Location		Disposition
	Brand/Model/Caliber (Further Description)				
	Serial #	Where Found	Weight of Narcotic		
Owner's Name Address City State Zip Phone #					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions					

Evidence Control Use Only:					
Received by Evidence:		NCIC/WACIC ✓	Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File







CHECK ALL THAT APPLY:

- ☒ NON-IMPOUND / TOW
☒ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☐ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

13-02035

TOW / IMPOUND AND INVENTORY RECORD

VEHICLE INFORMATION

VIN 2 A 8 H R 4 4 E 2 9 R 5 7 2 2 9 8				
LICENSE 0252FI	STATE WA	YEAR 09	MAKE CHRY	MODEL TOWN
<input type="checkbox"/> Report of Sale	MILEAGE <input type="checkbox"/> Digital	STYLE VAN	COLOR RED	

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI) BOSANAC, LENDRA M	NAME (LAST, FIRST, MI) SAME	NAME (LAST, FIRST, MI) ALAKA FED CU
STREET ADDRESS 101 S. BOGART AVE	STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP CODE GRANITE FALLS WA 98522	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
PHONE 360 691 5350	PHONE	PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 081713 AT 2230 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE GRANITE FALLS TOWING (TOWING FIRM) TO REMOVE THIS VEHICLE FROM 3892 / CALLOW ROAD

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE C. J. [Signature]DOL TOW TRUCK NO. 5069-003DATE 8-17-15

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED	<input type="checkbox"/> FRONT SHADE DAMAGED AREA	NONE	NONE
<input type="checkbox"/> KEYS []	<input type="checkbox"/> R FRONT		
<input type="checkbox"/> AUTO STEREO	<input type="checkbox"/> R SIDE		
<input type="checkbox"/> AUDIO TAPES / CD'S []	<input type="checkbox"/> R REAR		
<input type="checkbox"/> CB RADIO	<input type="checkbox"/> L FRONT		
<input type="checkbox"/> RADAR DETECTOR	<input type="checkbox"/> L SIDE		
<input type="checkbox"/> TRUNK LOCKED	<input type="checkbox"/> L REAR		
<input type="checkbox"/> SPARE TIRE	<input type="checkbox"/> REAR		
<input type="checkbox"/> JACK	<input type="checkbox"/> TOP		
<input type="checkbox"/> CHAINS	<input type="checkbox"/> UNDERCARRIAGE		
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____		

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

VEHICLE INVOLVED IN COLLISION - TOWED FROM SCENE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY, UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

[Signature][Signature]

BADGE NO.

121

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

CHECK ALL THAT APPLY:

- ☒ NON-IMPOUND / TOW
☒ AAA or OTHER ROADSIDE ASSISTANCE
☐ EVIDENCE
☐ SEIZED UNDER RCW 69.50.505
☐ IMPOUND ONLY
☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
☐ DWLS IMPOUND WITH _____ DAY HOLD
☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
☐ REGISTERED OWNER MAY REDEEM _____
☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

13-02035

TOW / IMPOUND AND INVENTORY RECORD

VEHICLE INFORMATION

VIN 1HGC65644WA204661			
LICENSE AN8832	STATE WA	YEAR 98	MAKE HONDA
MILEAGE <input type="checkbox"/> Report of Sale		STYLE HCR	MODEL ACD
<input type="checkbox"/> Digital		COLOR BLK	

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI) RASH, PRABHU P.	NAME (LAST, FIRST, MI) SAME	NAME (LAST, FIRST, MI) SAME
STREET ADDRESS 12526 NE 101 ST	STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP CODE KIRKLAND WA 98033	CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
PHONE 425-7703512	PHONE	PHONE

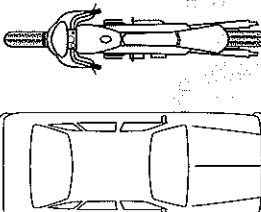
AUTHORIZATION AND RECEIPT

ON THIS DATE OF 08/17/13 AT 2230 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE GRANITE FALLS TOWING (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM 8992 / CALLOW ROAD

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO. _____ DATE _____

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED <input type="checkbox"/> KEYS [] <input type="checkbox"/> AUTO STEREO <input type="checkbox"/> AUDIO TAPES / CD'S [] <input type="checkbox"/> CB RADIO <input type="checkbox"/> RADAR DETECTOR <input type="checkbox"/> TRUNK LOCKED <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> JACK <input type="checkbox"/> CHAINS <input type="checkbox"/> OTHER _____	FRONT SHADE DAMAGED AREA <input type="checkbox"/> R FRONT <input type="checkbox"/> R SIDE <input type="checkbox"/> R REAR <input type="checkbox"/> L FRONT <input type="checkbox"/> L SIDE <input type="checkbox"/> L REAR <input type="checkbox"/> REAR <input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> OTHER _____ 	NONE	NONE

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

VEHICLE INVOLVED IN COLLISION
AND TOWED TO R.O. RESIDENCE

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

[Signature]

[Signature]

BADGE NO.

121

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

SUPERVISOR

Incident History for: #SS13018437 Xref: #SS13018436
Case Numbers: \$SS13002035
Received 08/17/13 21:44:09 BY SPCT10 SP0345
Entered 08/17/13 21:46:24 BY SPCT10 SP0345
Dispatched 08/17/13 21:46:38 BY SPDP17 SP0361
Enroute 08/17/13 21:46:38
Onscene 08/17/13 21:47:40
Closed 08/17/13 22:56:31

Initial Type: ACC Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H
Police BLK: SS001 Fire BLK: AG1719 Map Page: 377F-4 Group: SS1 Beat: NORT
Src: 9
Loc: CALLOW RD/SR 92 ,LKS (V)
Latitude: (+) 48.030446 Longitude: (-) 122.080164

Loc Info: T MOBILE USA,
Name: RAJU, PRABHU

Addr:

Phone: 4257703512

/2146 (SP0345) ENTRY ,CC, NON INJ, SOUNDS LIKE POSS PARTIALLY BLKING
BLK HONDA ACCORD VS VAN
/2146 (SP0361) DISPER SS1941 #SS121 CARTER, OFFICER (DAVID)
/2146 \$CROSS #SS13018436
/2146 DUP #SS13018436
/2147 ONSCNE SS1941
/2148 \$CROSS #SS13018438
/2148 DUP #SS13018438
/2148 DUP NAM: ADRIANCE, PAUL
ADR: CELL
PHO: 2064787714
/2158 (***** REMINQ SS1941 ANB8132
/2158 (SP0361) REMINQ SS1941 LIC, 1941, ANB8132,,
/2158 (***** REMINQ SS1941 025ZFI
/2158 (SP0361) REMINQ SS1941 LIC, 1941, 025ZFI,,
/2159 MISC SS1941 ,BOTH AAA 0094106009, SECOND 0099629013
/2200 ASNCAS SS1941 \$SS13002035
/2201 MISC SS1941 ,BLKING WB 92
/2202 (***** REMINQ SS1941 0258132
/2202 (SP0361) REMINQ SS1941 LIC, 1941, 0258132,,
/2202 (***** REMINQ SS1941 ANB8132
/2202 (SP0361) REMINQ SS1941 LIC, 1941, ANB8132,,
/2202 (***** REMINQ SS1941 025ZFI
/2202 (SP0361) REMINQ SS1941 LIC, 1941, 025ZFI,,
/2205 MISC SS1941 ,GRF TOWIN ENRT
/2226 MISC SS1941 ,TOW OS
/2231 MISC SS1941 ,TOW OS X2
/2256 CLEAR SS1941 D/H
, ROAD OPEN
/2256 CLOSE SS1941

LSPD
ORIGINAL